

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 10/575,613		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/		X									
2		/		X			51					
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Total Indep	1		2				Total Indep					
Total Depend	9		8				Total Depend					
Total Claims	10		10				Total Claims					

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